

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3		/				
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49		/				
50		/				
TOTAL IND.		1				
TOTAL DEP.		10				
TOTAL CLAIMS		11				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	2		2			
TOTAL DEP.	7		10			
TOTAL CLAIMS	9		12			